

Surgical Case 2: Stan Checketts

Guided Reflection Questions

1. How did the scenario make you feel?
 - a. The scenario was good practice on how to manage hypovolemic shock.
2. When reflecting on the care of Stan Checketts, what are signs and symptoms you can assess in the next patient you care for who might be at risk for dehydration?
 - a. I can assess skin turgor, amount of urine output, if there is diaphoresis, and assessment of mucosal membranes.
3. Discuss signs and symptoms of hypovolemic shock.
 - a. Tachycardia, rapid and shallow breathing, hypotension, diaphoretic skin, confusion, and oliguria
4. Discuss assessment and expected findings in a small bowel obstruction.
 - a. Cramping pain in the abdomen, nausea and vomiting, hyperactive bowel sounds, and inability to pass gas.
5. What key questions does the nurse ask in an acute abdominal pain assessment?
 - a. The nurse would ask when the pain started, how long has it been persisting, if there is anything that makes it better/worse, and if there is any history of this happening.
6. In evaluating Stan Checketts' laboratory values, what if any abnormalities did you find?
 - a. His H&H, WBC, and sodium were raised.
7. Stan Checketts had a nasogastric (NG) tube inserted for gastric decompression. What are the preferred methods for confirming placement of the NG tube?
 - a. The preferred method of confirming placement is x-ray.
8. What key elements would you include in the handoff report for this patient? Consider the SBAR (situation, background, assessment, recommendation) format.
 - a. I would include that he is a 52 year old male that is presenting with abdominal pain, oliguria, nausea, and vomiting. I would inform them that an NG tube has been placed and that the patient is on NPO diet
9. What would you do differently if you were to repeat this scenario? How would your patient care change?
 - a. I would not have done anything differently in this particular scenario.